Community Service Network 7 Meeting
DHHS Offices, Biddeford
April 10, 2008

Approved Minutes

Members Present:

- Don Burns, AIN
- Jennifer Goodwin, CSI
- Lois Jones, CSI
- Chris Souther, Shalom House
- Mary Jane Krebs, Spring Harbor & SMMC
- Jen Ouellette, York County Shelters

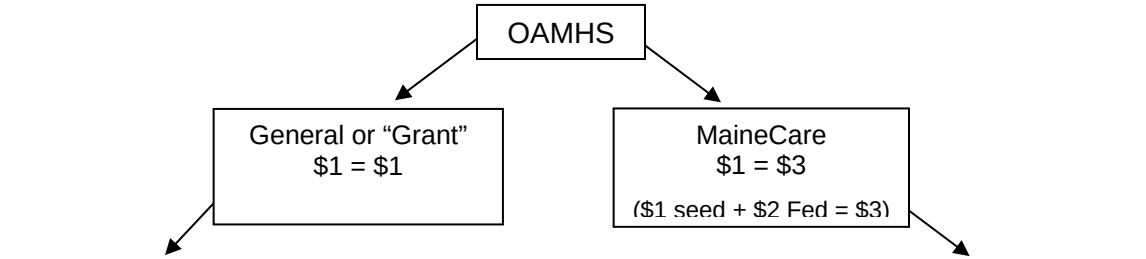
Members Absent:

- Center for Life Enrichment (vacant)
- Common Connection/CCSM (excused)
- Harmony Center/CCSM (excused)
- Creative Work Systems
- Goodall Hospital (excused)
- Jeanne Mirisola, NAMI-ME Families (excused)
- Job Placement Services, Inc.
- Saco River Health
- VOA (excused)
- York Hospital

Others/Alternates Present: Ron St. James, DHHS.

Staff Present: DHHS/OAMHS: Marya Faust, Carlton Lewis. Muskie School: Elaine Ecker, Helen Hemminger.

Agenda Item	Discussion
I. Welcome and Introductions	Carlton opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The February minutes were approved with one correction: On page 4 under SMMC/Spring Harbor, change the first sentence to end with "assume management of SMMC's psychiatric services."
III. CSN Purpose and Mission Statements	Marya pointed out the new agenda format, noting it provides a more convenient way to keep track of follow-up tasks for both members and OAMHS staff. She further explained that Regional MH Team Leaders (Carlton in CSN 7) will be recording follow-up tasks, reminding those responsible to complete them, and noting items that need to appear on the next meeting agenda. Members received handouts of draft CSN Purpose and Mission Statements. Marya explained that OAMHS developed these in order to clarify the focus and function of the CSNs and to provide boundaries and guidance to future CSN work. The Purpose Statement highlights the focus on *adult public* mental health services. The Mission Statement expands the purpose and describes the makeup and work of the CSNs. Comments: • Two members expressed dissatisfaction with the word "re-imagine," and after some further discussion suggested substituting the concept of "evolution in continuity of care." • Include reference to "families" or "consumers and their representatives." Marya explained that OAMHS will gather feedback from all CSNs on the statements, make revisions, and bring final version(s) back next month. **ACTION:** Members may send any additional feedback to Elaine, eecker@usm.maine.edu.
IV. CSN Recommendation Process	Marya asked members to review this handout, which puts in writing the CSN recommendation process.

Agenda Item	Discussion
	ACTION: Members may send any feedback to Elaine (eecker@usm.maine.edu).
V. Budget Legislative Update	Before reviewing the budget outcome, Marya explained the two main "pots of money" the legislature funds for adult public mental health services provided through OAMHS, as simply diagrammed below. Every state dollar put into the MaineCare "pot" is matched by approximately two federal Medicaid dollars, while the general funds are dollar for dollar. OAMHS had to consider both "pots" in making reductions to balance the budget. General dollars have historically been disbursed through contracts with various providers, though that is changing for some services beginning July 1. (See "Status of Grant Funding" below.)  • Non-MaineCare reimbursable services, like Peer Services, Vocational, Housing • Services for non-MaineCare eligible Class members • Services for some non-MaineCare recipients, like CI, ACT, Med Management, Skills Dev, etc. • WRAP Funds • MaineCare reimbursable services, like CI, ACT, Outpatient, Med Management, etc. **Budget Outcome** *Please note that the minutes on this item were compiled from all April CSN meetings to account for some variation in levels of detail and for consistency, as some information became clearer throughout the month.* OAMHS reported on the final legislative actions on relevant items proposed for reductions or change in the legislative budget to the best of OAMHS' knowledge, as follows: (LD 2173 and LD 2290) <u>Bridging Rental Assistance Program (BRAP)</u> • Funding increased by $180,000. • Passed: Proposal to move funding source from OAMHS general funds to the Maine State Housing Authority HOME Fund, for one year, to be revisited in next budget cycle ($2.9M). The HOME Fund is supported through Maine Real Estate Transfer Tax receipts. • OAMHS will still administer the funds as before. <u>ACT (Assertive Community Treatment)</u> • Proposed 100% cut from general funds. FY 09 funding restored. FY 08 curtailment also restored.

Agenda Item	Discussion
	• ACT reimbursement: Less than 16 days in service, providers reimbursed for ½ a month; 16 or more days, full month. (Previously providers could bill for a full month regardless of number of days in service within that month.) • CMS (Centers for Medicaid and Medicare Services) is pushing for a daily rate for ACT. The rate standardization work group is currently working on daily rates, both with case management included and excluded in anticipation of CMS regulations around unbundling case management. The unbundling issue has not yet been resolved. Question: Doesn't taking out case management defeat the purpose of ACT? Marya agreed that ACT is an evidence-based practice, which includes case management, and said fidelity and continuity of care is being looked at. Carlton noted that adding skills development in lieu of case management is being considered as one possible solution. <u>Community Integration (CI)</u> • Proposed 100% cut from general funds ($1.8M). Restored $1M. ($500,000 from Legislature; $250,000 each transferred from Dorothea Dix and Riverview.) • Defeated: Proposal for one CI provider per CSN. Marya pointed out that providers and consumers were very good advocates in the legislative process—without that advocacy this funding would probably not have been restored. <u>PNMI Consumers</u> • Defeated: Proposal to make uniform the amount of income consumers retain in certain PNMIs ($50 monthly), savings of $150,000. • The amount clients keep is now variable, depending on provider. OAMHS would like to see this standardized and equitable throughout. <u>Specialized Direct Services</u> (general funds) • Restored for FY 09. FY 08 curtailment remains. • Typically covers home-based services for elders. <u>Intensive Community Integration</u> (ICI) • Service eliminated, both MaineCare and general funds. • OAMHS expected this level of care to go away soon due to CMS regulations regarding case management. • Consumers may still receive CI and medication management as separate services. Lois Jones stated that this is a loss to the system, as it provided a mid-level service that allowed flexibility. CSI served 350-400 people at ICI level of care. She anticipates people will be stuck at the ACT level of care, which is why ICI was created initially. Another concern is the availability of medication management. Marya responded that the impacts on ACT, med management, and CI should be watched carefully. <u>Outpatient</u> • Passed: Proposed 100% cut from OAMHS general funds. • Proposed $1.4M savings in MaineCare "seed" by: 1) combining all MaineCare sections pertaining to outpatient services into one section (i.e. Sections 65, 58, 100, 111) covering mental health, certain child welfare, substance abuse, psychological services; 2) opening widely to private practitioners to enter into contracts to provide

Agenda Item	Discussion
	MaineCare reimbursable outpatient services; and 3) setting hourly rates as follows: $84 licensed mental health agencies; $88 for private practitioners PhD level; $55 other licensed private practitioners. • HOWEVER, providers have until June 1 to propose an alternate and approvable plan to achieve the same savings. If that is not accomplished, the proposal above will go into effect for FY 09. DHHS Deputy Commissioner Geoff Green will convene meetings of provider organizations and private practitioners for this purpose, the first being held on April 29. <u>Crisis Consolidation</u> • The original proposal for crisis consolidation with savings of $1M (one provider for both adults and children per DHHS District chosen through RFP process) was replaced with another proposal less disruptive to the system. • The new proposal requires crisis providers and hospitals to accomplish the same goals (one provider or one "lead provider" for both adults and children per DHHS District that achieve specified savings) through Memorandums of Understanding (MOUs). (The DHHS Districts correspond to CSN boundaries, with the exception of CSN 2, which is divided into DHHS Districts 6 and 7). • The implementation of the plan is postponed to March 1, 2009, and requires savings before the end of FY 09 of $134,000 MaineCare seed each for children and adults and $33,600 in General Funds each for children and adults. OAMHS will issue contracts to current providers for eight months, with instructions to come together to work out solutions and MOUs by the beginning of February 2009. • OAMHS will include consumer and family representatives in their planning discussion to determine requirements and parameters for service delivery. Providers will negotiate what needs to be done to bring that about and execute MOUs. Consumers and families will participate with OAMHS in going over the resulting MOUs. Question: Where are the savings? A: Administrative costs, Crisis Stabilization Units, role of hospitals and EDs. Many things will be on the table, such as: Are there better ways of proceeding with EDs? Better role for peer services? Less or more Mobile Response? 24-hour availability of psychiatric coverage—differs around the state. <u>Other</u> • NAMI-ME: Restored 50%. (FY 08 $34,000; FY 09 $138,900) • Amistad: Restored 100%. (FY 08 $11,000; FY 09 $44,000) • Maine Center for Deafness: Restored 100%. (FY 09 $42,600) <u>OAMHS Positions Eliminated</u> • 14 positions eliminated: 13 ICMs (Intensive Case Managers) and one central office manager. • ICM positions: 3 Long-Term Support coordinators (employment); 3 Housing Coordinators; 3 Youth in Transition Coordinators. • Employment and housing functions will be covered by other means. • ICMs now focus on homeless, jail, shelter populations. Not carrying caseloads, rather connecting people to community services. **Status of Grant Funding** • Class member entitlements will be paid from grant/general funds, if the member is not a MaineCare recipient. • As of July 1, general funds for CI, ACT, and WRAP will not be distributed through the contract process as in the past. OAMHS will retain the funds and pay on a case-by-case basis through an application process. The goals are

Agenda Item	Discussion
	to achieve more equitable distribution among providers and to serve the most needy with the limited funding. • Guidelines for WRAP fund use have not changed. • OAMHS is working on establishing eligibility criteria for CI and ACT. (See next agenda item.) **Other** DHHS Office Reorganization: Marya said the reorganization has been slowed, giving everyone a "breather." LD 1967 – Passed, creating the Consumer Council System of Maine (CCSM) in statute as an independent public instrumentality. The CCSM is funded by OAMHS general funds. Involuntary Commitment Law Changes The members engaged in a short discussion about changes to involuntary commitment laws, touching on Clinical Review Panels, involuntary outpatient commitment, etc. OAMHS will be sending out a written summary of changes to mental health laws soon, and this will appear on next month's agenda.
VI. Eligibility Criteria	Marya asked for input from CSN members as to establishing eligibility criteria for CI and ACT grant funds for people not eligible to receive those services through MaineCare. Some possible criteria Marya mentioned: • Mirror APS clinical criteria • Acuity level • People coming out of jail/prison • People coming out of hospitals • Adults with children Suggestions from members: • Try not to do quotas by region • Based on level of acuity • Homelessness • People on spend down* • People that lose MaineCare (sometimes not aware people lost MaineCare and keep providing services) *Lois recommended looking first at including people on spend down. She offered to "run some numbers" on clients she knows are currently on spend down, and Marya said that would be appreciated. Other points: • Members also discussed how difficult it is to get accurate information about people's MaineCare status, noting how helpful it would be to have one place to find out what kind of coverage clients have. • Need better bridge between application for MaineCare and approval. • Move in direction of having APS do reviews for people receiving services through general funds. **ACTION:** Members may forward any additional thoughts or ideas to Elaine, eecker@usm.maine.edu.

Agenda Item	Discussion
VII. RDS/EIS Unmet Needs Data by CSN	Member received several data documents prepared by Helen Hemminger of the Muskie School depicting and explaining 14 categories of unmet needs data derived from the RDS/EIS system for the 2nd quarter FY08. The data is separated by CSN and comparisons made between statewide numbers and other CSNs. Marya explained that this is a picture of the data currently in the system. All clients receiving any level of community integration services, whether funded by MaineCare or general funds, should be enrolled and ISP information updated every 90 days by providers. The enrollment and open case numbers show that many clients are not entered into the system, and Marya encouraged providers to do so, as the unmet needs data will inform future budget requests. "It's to all of our benefit to have all the data." Lois commented that the process needs to be looked at, i.e. when the case manager reports an unmet need, they get a phone call from a consent decree coordinator asking what they are doing to meet the need. It makes the case manager reluctant to report.
VIII. Enrollments/RDS	The enrollments and updates must be brought within 15% completion by May 1 (since postponed to May 15th), and providers have received notice of contractual consequences for not meeting this requirement. Since CSI is the only provider in this CSN to which this pertains, Marya and Lois discussed the details separately.
IX. Transportation Subcommittee	The subcommittee's work may be completed for now, though members had mentioned inviting Connie Garber of YCAP to discuss transportation resources. Don Burns offered to invite her, but members did not definitely indicate whether or not he should move forward on this.
X. Update on Spring Harbor/SMMC Partnership	Mary Jane gave a brief update on the progress of managing SMMC's psychiatric services. They have hired some key personnel—Medical Director, Psychiatrists. Though challenging at times, the different disciplines are also making progress working together. She also said the Partial Hospital is moving to a new building allowing for increased capacity. (Partial Hospital, Mary Jane explained, is a less intensive level of care than hospitalization in that people stay 2-6 hours a day.)
VII. Other	Carlton mentioned that Dr. Stevan Gressitt, new Medical Director at OAMHS, intends to make sure all agencies providing medication management have a Medical Director overseeing the services. This will be required in all FY 09 med management contracts.
VII. Public Comment	There were no comments from members of the public.
VIII. Agenda for Next Meeting	Involuntary Commitment Law Changes Connie Garber, YCCA?